

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>006106</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/27/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KINDRED HOSPITAL INDIANAPOLIS</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1700 W 10TH ST<br/>INDIANAPOLIS, IN 46222</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000  | <p>INITIAL COMMENTS</p> <p>JCAHO<br/>Surveyor: 33212<br/>Facility Number: 006106</p> <p>Type of Survey: State Licensure Off Site JCAHO<br/>Accreditation Survey</p> <p>Date of JCAHO On Site Survey - Hospital full<br/>survey July 25-27, 2012</p> <p>Date of ISDH off site review - Sept. 6, 2013</p> <p>Reviewer/Surveyor -Nancy Otten, RN, PHNS</p> <p>Based on review of the July 25-27, 2012 JCAHO<br/>Accreditation Survey Report, it has been<br/>determined that Kindred Hospital of Indianapolis<br/>meets the requirements for Hospital Licensure in<br/>Indiana for 2012.</p> | S 000   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE